



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

KIRT REPP DC  
PO BOX 9973  
THE WOODLANDS TX 77387

#### **Respondent Name**

CITY OF HOUSTON

#### **Carrier's Austin Representative**

Box Number 29

#### **MFDR Tracking Number**

M4-12-2766-01

#### **MFDR Date Received**

APRIL 27, 2012

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Please note, we performed 95904 (sensory NCV) on 10 individual nerves that were directly related to the compensable cervical spine injuries. Recordings included the bilateral median, radial, ulnar, medial antebrachial cutaneous and lateral antebrachial cutaneous nerves. That is 5 sensory recordings per limb totaling 10 sensory recordings given the patient had both upper limbs."

**Amount in Dispute:** \$900.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "In reviewing our records we have found the provider has been paid correctly per the DWC Fee Schedule Guidelines. The provider is billing 95904 as 10 units for testing of sensory nerves bilateral median, radial and ulnar nerves. Provider was previously reimbursed at 6 units which is in line for testing of these nerves, refer to 2011 AMA CPT Book Professional Addition, page 497\*95904-(Report 95900, 95903 and/or 95904 only once when multiple sites on the same nerve are stimulated or recorded)."

**Response Submitted By:** Injury Management Organization

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 2, 2011	CPT Code 95904 (X4)	\$225.00/each X 4= \$900.00	\$325.16

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307, effective May 25, 2008, 33 *Texas Register* 3954, sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, 33 *Texas Register* 364, sets the reimbursement guidelines for the disputed service.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- INR-This bill was reviewed through the IMO nurse prescreen process.

### **Issues**

1. Does the documentation support billing of CPT code 95904?

### **Findings**

1. The insurance carrier denied reimbursement for CPT code 95904 based upon reason code "97."

On the disputed date of service the requestor also billed CPT codes 99203, 95861, 95903 and 95904. Per National Correct Coding Initiatives (NCCI), CPT code 95904 is not global to any other service billed on this date; therefore, the respondent's denial based upon reason code "97" is not supported; therefore, reimbursement is recommended per Division rules and guidelines.

The requestor noted in the Electrodiagnostic Evaluation /EMG-NCV report the following: "Sensory nerve conduction studies were within normal limits in the bilateral median, radial and ulnar nerves. Bilateral medial/lateral antebrachial cutaneous studies were within normal limits as well." The requestor lists ten nerves tested, and was paid for six; therefore, additional reimbursement is due for the additional four nerve studies.

Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.

(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.

(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

To determine the MAR the following formula is used: (DWC Conversion Factor/Medicare Conversion Factor) X Participating Amount = Maximum Allowable Reimbursement (MAR).

The 2011 DWC conversion factor for this service is 54.54.

The Medicare Conversion Factor is 33.9764

Review of Box 32 on the CMS-1500 the services were rendered in zip code 77365, which is located in Porter, Texas. Therefore, the Medicare participating amount will be based on the reimbursement for Rest of Texas.

The Medicare participating amount for code 95904 is \$50.64/unit

Using the above formula, the Division finds the MAR is \$81.29. This amount multiplied times 4 units = \$325.16. This amount is recommended in additional reimbursement.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due for the specified services. As a result, the amount ordered is \$325.16.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$325.16 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

9/19/2013  
\_\_\_\_\_  
Date

## YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**